

UNITED STATES PATENT & TRADEMARK OFFICE
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REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/516405</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue		REFUND COMPLETED		\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.	PCT NATIONAL DIVISION			\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input checked="" type="checkbox"/> Other <i>Claims & multi</i>				\$ <u>426</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>426</u>	
8 TO BE REFUNDED BY:				
<input type="checkbox"/> Overpayment		Treasury Check		
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #: <u>03-1550</u>		
<input checked="" type="checkbox"/> No Fee Due (Explanation): <i>Claims were improper multiple claims</i> REFUND COMPLETED PCT NATIONAL DIVISION				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Tamala Holland</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>		
OFFICE: <u>PCT</u>		X209		
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APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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